

CHAPTER 4  
SECTION 17.1

## FEMALE GENITAL SYSTEM

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### I. CPT<sup>1</sup> PROCEDURE CODES

11975 - 11977, 55980, 56405 - 58301, 58340, 58345, 58346, 58350, 58353, 58400 - 58671, 58679, 58700 - 58740, 58800 - 58960, 58999, 59001

### II. DESCRIPTION

The female genital system includes the female organs of reproduction.

### III. POLICY

A. Services and supplies required in the diagnosis and treatment of illness or injury involving the female genital system are covered. Infertility testing and treatment, including correction of the physical cause of infertility, are covered under this provision. This does not include artificial insemination, which is excluded from coverage.

B. Uterine suspension; parametrial fixation as treatment for uterine prolapse may be cost-shared only to retain the uterus for biologic purposes.

C. Intersex surgery (CPT<sup>1</sup> procedure code 55980) is limited to surgery performed to correct sex gender confusion/ambiguous genitalia which is documented to have been present at birth.

### IV. EXCLUSIONS

A. Prophylactics (condoms).

B. Over-the-counter spermicidal products.

C. Reversal of a surgical sterilization procedure (CPT<sup>1</sup> procedure codes 58672, 58673, 58750-58770).

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D. Artificial insemination, including any costs related to donors and semen banks (CPT<sup>2</sup> procedure codes 58321-58323).

E. In-Vitro Fertilization (VIF), Gamete Intrafallopian Transfer (GIFT) and all other non-coital reproductive procedures, including all services and supplies related to, or provided in conjunction with, those technologies (CPT<sup>2</sup> procedure codes 58970-58976).

F. Hysterectomy (CPT<sup>2</sup> procedure codes 58150-58285, 58550, 59525) performed solely for purposes of sterilization in the absence of pathology.

G. Subtotal hysterectomy performed exclusively to preserve sexual function and/or to prevent postoperative complications (e.g., urinary incontinence; vaginal prolapse).

H. Cervicography (CPT<sup>2</sup> category III procedure code 0003T) is unproven.

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